

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **WORKERS FOR A BETTER HAWAII**

(b) Address (number and street) check if different than previously reported
888 MILILANI STREET SUITE 601

(c) City, State and ZIP Code
HONOLULU HI 96813

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001564

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
04 / 30 / 2010
through
MM / DD / YYYY
05 / 09 / 2010

5. (a) Date of Public Distribution(s)

MM / DD / YYYY
05 / 01 / 2010

(b) Communication Title

RADIO ADS

6. The filer is a(n):

(a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name
MAUREEN WAKUZAWA

(b) Address (number and street)
888 MILILANI STREET SUITE 601

(c) City, State and ZIP Code
HONOLULU HI 96813

(d) Name of Employer or Principal Place of Business (e) Occupation
HAWAII GOVERNMENT EMPLOYEES ASSN CONTROLLER

9. Total Donations This Statement

100000.00

10. Total Disbursements/Obligations This Statement

41884.80

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM DEREK MIZUNO

SIGNATURE DEREK MIZUNO

[Electronically Filed] DATE 12/07/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name DEREK MIZUNO	Transaction ID : F91.000001
(b) Address (number and street) 888 MILILANI STREET SUITE 601	
(c) City, State and ZIP Code HONONLULU	HI 96813
(d) Name of Employer or Principal Place of Business HAWAII GOVERMENT EMPLOYEES ASSN	(e) Occupation DEPUTY EXEC DIR - ADMIN

B. (a) Name NORA NOMURA	Transaction ID : F91.000002
(b) Address (number and street) 888 MILILANI STREET SUITE 601	
(c) City, State and ZIP Code HONOLULU	HI 96813
(d) Name of Employer or Principal Place of Business HAWAII GOVERNMENT EMPLOYEES ASSN	(e) Occupation DEPUTY EXEC DIR - FIELD

C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES</p> <hr/> <p>Mailing Address of Donor 1625 L STREET, NW</p> <hr/> <p>City State Zip WASHINGTON DC 20036</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 30 2010</p> <p>Amount 100000.00</p> <p>Transaction ID : F92.000001</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>100000.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>100000.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee CHUN & YONAMINE ADVERTISING			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 30 / 2010
Mailing Address of Payee P.O. BOX 240576			Amount 10471.20
City HONOLULU	State HI	Zip Code 96824	Communication Date M M / D D / Y Y Y Y Y Y 05 / 01 / 2010
Name of Employer Occupation			Transaction ID : F93.000001
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate EDWARD CASE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: HI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL
Transaction ID : F94.000002			
Name of Federal Candidate CHARLES DJOU	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: HI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL
Transaction ID : F94.000003			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee CHUN & YONAMINE ADVERTISING			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 30 / 2010
Mailing Address of Payee P.O. BOX 240576			Amount 10471.20
City HONOLULU	State HI	Zip Code 96824	Communication Date M M / D D / Y Y Y Y Y Y 05 / 01 / 2010
Name of Employer Occupation			Transaction ID : F93.000002
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate EDWARD CASE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: HI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL
Transaction ID : F94.000005			
Name of Federal Candidate CHARLES DJOU	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: HI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL
Transaction ID : F94.000006			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			20942.40
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			_____

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee CHUN & YONAMINE ADVERTISING			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2010 </div>
Mailing Address of Payee P.O. BOX 240576			Amount <div style="border: 1px solid black; padding: 2px;"> 10471.20 </div>
City HONOLULU	State HI	Zip Code 96813	Communication Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2010 </div>
Name of Employer Occupation			Transaction ID : F93.000003
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate EDWARD CASE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>HI</u> District: <u>01</u>	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL
Transaction ID : F94.000008			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee CHUN & YONAMINE ADVERTISING			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2010 </div>
Mailing Address of Payee P.O. BOX 240576			Amount <div style="border: 1px solid black; padding: 2px;"> 10471.20 </div>
City HONOLULU	State HI	Zip Code 96824	Communication Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2010 </div>
Name of Employer Occupation			Transaction ID : F93.000004
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate CHALRES DJOU	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>HI</u> District: <u>01</u>	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL
Transaction ID : F94.000010			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			<div style="border: 1px solid black; padding: 2px;"> 20942.40 </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			<div style="border: 1px solid black; padding: 2px;"> 41884.80 </div>